

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
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49		/					
50		/					
TOTAL IND.	6						
TOTAL DEP.	72						
TOTAL CLAIMS	78						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS